

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Said, Hasan Z		Name of Joint Debtor (Spouse) (Last, First, Middle): Mizyed, Asmhan
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): aka Asmahan Mizyed
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-6109		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-0326
Street Address of Debtor (No. and Street, City, and State): 34 Silo Ridge Orland Park, IL		Street Address of Joint Debtor (No. and Street, City, and State): 34 Silo Ridge Orland Park, IL
ZIP CODE 60467		ZIP CODE 60467
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business: Cook
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		
ZIP CODE		
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition*(This page must be completed and filed in every case.)*Name of Debtor(s): **Hasan Z Said
Asmhan Mizyed****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

Location Where Filed:

None

Case Number:

Date Filed:

Location Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)

Name of Debtor:

None

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X /s/ Mark R. Schottler
Mark R. Schottler****11/23/2015
Date****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.**Information Regarding the Debtor - Venue**
(Check any applicable box.)☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state**Certification by a Debtor Who Resides as a Tenant of Residential Property**
(Check all applicable boxes.)☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)_____
(Name of landlord that obtained judgment)_____
(Address of landlord)☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s): **Hasan Z Said**
Asmhan Mizyed

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Hasan Z Said
Hasan Z Said

X /s/ Asmhan Mizyed
Asmhan Mizyed

Telephone Number (If not represented by attorney)

11/23/2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney*

X /s/ Mark R. Schottler
Mark R. Schottler Bar No. **6238871**

Schottler & Associates
7222 W. Cermak
Suite 701
North Riverside, IL 60546

Phone No. **(708) 442-5599** Fax **(708) 284-4575**

11/23/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**B 1D (Official Form 1, Exhibit D) (12/09) UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

Document Page 5 of 61
B 1D (Official Form 1, Exhibit D) (12/09) UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: Hasan Z Said
Asmhan Mizyed

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Hasan Z Said
Hasan Z Said

Date: 11/23/2015

Document Page 6 of 61
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
 (if known)

Debtor(s)

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☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

Document Page 7 of 61
B 1D (Official Form 1, Exhibit D) (12/09) UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: Hasan Z Said
Asmhan Mizyed

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Asmhan Mizyed
Asmhan Mizyed

Date: 11/23/2015

B6A (Official Form 6A) (12/07)

In re Hasan Z Said
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None				
			Total: \$0.00	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re Hasan Z Said
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with Standard Bank	J	\$100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Household goods and furnishings	J	\$1,500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, pictures, collectibles	J	\$150.00
6. Wearing apparel.		Necessary wearing apparel	J	\$300.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		100% Owner High Splash, Inc.	C	\$100.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re Hasan Z Said
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Honda Pilot with over 240,000 miles	J	\$3,922.00
26. Boats, motors, and accessories.	X			

In re Hasan Z Said
Asmhan MizyedCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div style="text-align: right;"> <u>3</u> continuation sheets attached (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) </div>				Total > \$6,072.00

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*
(Check one box)☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking account with Standard Bank	735 ILCS 5/12-1001(b)	\$100.00	\$100.00
Household goods and furnishings	735 ILCS 5/12-1001(b)	\$1,500.00	\$1,500.00
Books, pictures, collectibles	735 ILCS 5/12-1001(b)	\$150.00	\$150.00
Necessary wearing apparel	735 ILCS 5/12-1001(a), (e)	\$300.00	\$300.00
100% Owner High Splash, Inc.	735 ILCS 5/12-1001(b)	\$100.00	\$100.00
2006 Honda Pilot with over 240,000 miles	735 ILCS 5/12-1001(c)	\$2,400.00	\$3,922.00
	735 ILCS 5/12-1001(b)	\$1,522.00	
<i>* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to c commenced on or after the date of adjustment.</i>		\$6,072.00	\$6,072.00

B6D (Official Form 6D) (12/07)

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Subtotal (Total of this Page) >						\$0.00	\$0.00
Total (Use only on last page) >						\$0.00	\$0.00

No continuation sheets attached

(Report also
on
Summary of
Schedules.)

(If applicable,
report also on
Statistical
Summary of
Certain
Liabilities)

B6E (Official Form 6E) (04/13)

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheet)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use,

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of*

1 continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY	Taxes and Certain Other Debts Owed to Governmental Units
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO	AMOUNT NOT ENTITLED TO PRIORITY,
ACCT #: Illinois Department of Revenue PO BOX 19043 Springfield, IL 62794-9043	J	DATE INCURRED: CONSIDERATION: Taxes REMARKS:		\$567,000.00	\$567,000.00	\$0.00
ACCT #: Internal Reveune Service Department of the Treasury PO Box 21126 Philadelphia, PA 19114	J	DATE INCURRED: CONSIDERATION: Taxes REMARKS:		Notice Only	Notice Only	Notice Only
Sheet no. <u>1</u> of <u>1</u> continuation of Schedule E attached to Schedule of Creditors Holding Priority Claims				Subtotal (Totals of this page) >	\$567,000.00	\$567,000.00
(Use only on last page of the completed Schedule E.				Total >	\$567,000.00	
(Use only on last page of the completed Schedule E.				Totals >		\$567,000.00
If applicable, report also on the Statistical						\$0.00

B6F (Official Form 6F) (12/07)

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Abdo Halawa 7000 West 111th Street Worth, IL 60482	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$265,800.00
ACCT #: xx9680 Advanced Urology Associates 1541 Riverboat Center Drive Joliet, IL 60431	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$1,180.00
ACCT #: xxxx3166 Allied Anes Assoc PC PO Box 1123 Jackson, MI 49204-1123	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$1,320.00
ACCT #: xxxx-xxxx-xxxx-3063 American Express PO BOX 981535 El Paso, TX 79998	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$3,314.00
ACCT #: xxxx-xxxx-xxxx-4803 American Express PO BOX 981535 El Paso, TX 79998	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$6,591.00
ACCT #: Aronberg, Goldgehn, Davis, & Garmisa 330 N Wabash Ave Ste 1700 Chicago, IL 60611-3586	J	DATE INCURRED: CONSIDERATION: Attorney for - REMARKS:				Notice Only
Subtotal >						\$278,205.00
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

17 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx4571 Asset Acceptance Assignee/SCA PO BOX 2036 Warren, MI 48090	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,093.00
ACCT #: x1341 Asset Acceptance Assignee/SCA PO BOX 2036 Warren, MI 48090	J	DATE INCURRED: CONSIDERATION: Collecting for - Chase Bank REMARKS:				Notice Only
ACCT #: x0660 Associated Radiologists of Joliet 39069 Treasury Center Chicago, IL 60694	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$956.00
ACCT #: xxxxxxxxxxx6533 Associated Recovery Systems 201 W. Grand Avenue Escondido, CA 92025	J	DATE INCURRED: CONSIDERATION: Collecting for - Citifinancial Inc. REMARKS:				\$3,164.00
ACCT #: xxx5879 Balanced Healthcare Receivables 141 Burke Street Nashua, NH 03060	J	DATE INCURRED: CONSIDERATION: Collecting for - Quest Diagnostics REMARKS:				\$75.51
ACCT #: xxxx-xxxx-9775 Bank of America PO BOX 15026 Wilmington, DE 19850-5026	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,946.00
Sheet no. <u>1</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$7,234.51
<p align="right">Total ></p> <p align="center">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxx-xx6675 BI 6400 Lookout Road Boulder, CO 80301	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$578.00
ACCT #: xxxx-xxx0-333 Cach LLC 370 17th Street Suite 5000 Denver, CO 80202	J	DATE INCURRED: CONSIDERATION: Collecting for - Bank of America REMARKS:				Notice Only
ACCT #: Cap One PO Box 85520 Richmond, VA 23285	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: CBNA 1000 Technology Dr. #MS590537 O Fallon, MO 63368	J	DATE INCURRED: CONSIDERATION: Charged off account REMARKS:				Notice Only
ACCT #: xx6464 CFS2 2488 E. 81st St. Ste. 500 Tulsa, OK 74137	J	DATE INCURRED: CONSIDERATION: Collecting for - US BANK REMARKS:				Notice Only
ACCT #: xxxx-xxxx-0121 Chase Customer Service PO BOX 15299 Wilmington, DE 19850-5299	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$7,689.00

Sheet no. 2 of 17 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$8,267.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx-xxxx-5000 Chase Bank Cardmember Service PO BOX 15153 Wilmington, DE 19886-5153	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$22,135.00
ACCT #: xxxx-xxxx-xxxx-5822 Chase Bank Cardmember Service PO BOX 15153 Wilmington, DE 19886-5153	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$8,171.00
Representing: Chase Bank		Weltman Weinberg & Reis 180 N. LaSalle St. #240 Chicago, IL 60601				Notice Only
ACCT #: CHLD/CBSD PO Box 6497 Sioux Falls, SD 57117	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: Chuhak & Tescon 30 South Wacker, Suite 2600 Chicago, IL 60606	J	DATE INCURRED: CONSIDERATION: Attorney Fees REMARKS:				\$10,000.00
ACCT #: Citibank PO BOX 769004 San Antonio, TX 78245-9004	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,777.00
Subtotal >						\$42,083.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 3 of 17 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx xx xx3466 Citibank PO BOX 769004 San Antonio, TX 78245-9004	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$11,995.00
Representing: Citibank		Blatt, Hasenmiller, Leibsker & Moore 10 S. LaSalle St. Suite 2200 Chicago, IL 60603				Notice Only
ACCT #: xxxxxxxxxxxx3530 Citifinancial Bankruptcy Dept. PO Box 140489 Irving, TX 75014	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,969.00
ACCT #: xxxxxxxxxxxx3158 Citifinancial Bankruptcy Dept. PO Box 140489 Irving, TX 75014	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,875.00
ACCT #: xxxxxxxx-xxx3355 CitiFinancial 3950 Regent Blvd, S2A-283 Irving, TX 75063-2244	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$1,883.00
ACCT #: xxxxxxxxxxxx7220 Citifinancial Retail Services PO BOX 70921 Charlotte, NC 28272	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,447.00
Subtotal >						\$21,169.00
Sheet no. <u>4</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;"> Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) </div>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Citizens Bank P.O. Box 1790 Flint, MI 48501-1790	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$125,000.00
Representing: Citizens Bank		Charter One One Citizens Drive Riverside, RI 02915-3000				Notice Only
ACCT #: Comenity Bank Bankruptcy Department PO BOX 182125 Columbus, OH 43218-2125	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: xxx2194 Creditors Collection Bureau PO BOX 63 Kankakee, IL 609010063	J	DATE INCURRED: CONSIDERATION: Collecting for - Associated Radiologists of Jo REMARKS:				\$89.00
ACCT #: xxxxxxx8633 Creditors Discount & Audit Co. 415 E. Main St. PO BOX 213 Streator, IL 61364-0213	J	DATE INCURRED: CONSIDERATION: Collecting for - Advanced Urology Assoc. REMARKS:				Notice Only
ACCT #: Dirk Van Beek 7220 West 194th Street Tinley Park, IL 60487	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$2,500.00
Sheet no. <u>5</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$127,589.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx7770 EM Strategies LTD PO BOX 366 Hinsdale, IL 60522	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$93.00
ACCT #: xxxx7770 EM Strategies, LTD PO Box 1208 Bedford Park, IL 60499-1208	J	DATE INCURRED: CONSIDERATION: Services REMARKS:				\$527.00
ACCT #: xxx xx6782 EM Strategies, LTD PO BOX 366 Hinsdale, IL 60522	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$382.00
Representing: EM Strategies, LTD		Medical Business Bureau 1460 Renaissance Dr Ste 400 Park Ridge, IL 60068				Notice Only
ACCT #: 2559 Enhanced Recovery Company PO Box 57547 JACKSONVILLE, FL 32241	J	DATE INCURRED: CONSIDERATION: Collecting for - GE Capital Corp / Sam's Club REMARKS:				\$2,247.00
ACCT #: xxx0935 Falls Collection Service PO BOX 668 Germantown, WI 53022	J	DATE INCURRED: CONSIDERATION: Collecting for - ACL Inc. REMARKS:				\$69.00
Sheet no. <u>6</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$3,318.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: First Midwest Bank PO Box 125 Beford Park, IL 60499	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$210,000.00
Representing: First Midwest Bank		First Midwest Bank 2 Loans 16700 South 80th Ave Tinley Park, IL 60477				Notice Only
ACCT #: xxxxxxx0803 First Premier Bank PO BOX 5524 Sioux Falls, SD 57117-5524	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: GE Money Bank Attn: Bankruptcy Dept PO Box 103104 Roswell, GA 30076	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$9,843.00
ACCT #: xxxx-xxxx-9218 Home Depot Credit Services PO BOX 790328 St. Louis, MO 63179	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,454.00
ACCT #: HSBC / Neimn Instalment Loan Operations Suite 111 Buffalo, NY 14270-0111	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				Notice Only
Subtotal >						\$221,297.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 7 of 17 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 2946 HSBC Carsons PO BOX 9 Buffalo, NY 14240	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,665.00
ACCT #: xxxx-xxxx-xxxx-7472 HSBC Neiman Marcus Payment Processing Center PO BOX 5243 Carol Stream, IL 60197-9918	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,662.00
ACCT #: Inland Bank PO Box 790408 St. Louis, MO 63179-0408	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$1,908,318.63
ACCT #: xx5182 Jefferson Capital System PO Box 23051 Columbus, GA 31902-3051	J	DATE INCURRED: CONSIDERATION: Services REMARKS:				\$685.00
ACCT #: xxxxxxxx5194 KOHL'S DEPARTMENT STORE PO BOX 3115 MILWAUKEE, WI 53201	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: xxxx4190 Leading Edge Recovery Solutions 5440 N. Cumberland Ave. Suite 300 Chicago, IL 60656-1490	J	DATE INCURRED: CONSIDERATION: Collecting for - REMARKS:				\$1,261.00
Sheet no. 8 of 17 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$1,913,591.63
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx4303 Lowe's GE MONEY BANK c/o Bankruptcy Department PO BOX 103104 Roswell, GA 30076	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$5,977.00
ACCT #: Macy's- Official Bankruptcy Notice Attention Bankruptcy Processing PO BOX 8053 Mason, OH 45040	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: xxxxxx0423 MCM 8875 Aero Dr, Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - Citibank USA REMARKS:				\$1,518.00
ACCT #: xxxxxx8961 MCM 8875 Aero Dr, Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - GE Money Bank REMARKS:				\$6,739.00
ACCT #: xxxxxx2887 MCM 8875 Aero Dr, Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - Bank of America REMARKS:				\$13,421.00
ACCT #: xxxxxx5245 Medical Business Bureau 1460 Renaissance Dr Ste 400 Park Ridge, IL 60068	J	DATE INCURRED: CONSIDERATION: Collecting for - Allied Anesthesia Associates REMARKS:				\$1,320.00
Sheet no. <u>9</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$28,975.00
						Total >
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxx0125 Medical Business Bureau 1460 Renaissance Dr Ste 400 Park Ridge, IL 60068	J	DATE INCURRED: CONSIDERATION: Collecting for - EM Strategies- Homer Glen477 REMARKS:				\$2,060.00
ACCT #: xxxxxx5937 Medical Business Bureau 1460 Renaissance Dr Ste 400 Park Ridge, IL 60068	J	DATE INCURRED: CONSIDERATION: Collecting for - EM Strategies - Homer Glen REMARKS:				\$848.00
ACCT #: xx xxx x8722 Medical Business Bureau 1460 Renaissance Dr Ste 400 Park Ridge, IL 60068	J	DATE INCURRED: CONSIDERATION: Collecting for - EM Strategies Homer Glen REMARKS:				\$61.00
ACCT #: xx6056 Midland Funding 8875 Aero Dr. Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - GE Money Bank REMARKS:				\$1,886.00
ACCT #: xx4624 Midland Funding 8875 Aero Dr. Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - Citifinancial REMARKS:				\$3,883.00
ACCT #: xx6026 Midland Funding 8875 Aero Dr. Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - HSBC Bank Nevada, N.A. REMARKS:				Notice Only
Sheet no. 10 of 17 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$8,738.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx6081 Midland Funding 8875 Aero Dr. Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - Nordstrom Bank REMARKS:				\$5,953.00
ACCT #: xx5981 Midland Funding 8875 Aero Dr. Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - Fia Card Services REMARKS:				\$6,145.00
ACCT #: xx3929 Midland Funding 8875 Aero Dr. Suite 200 San Diego, CA 92123	J	DATE INCURRED: CONSIDERATION: Collecting for - Citibank REMARKS:				\$1,215.00
ACCT #: Midwest Appraisal Company 3055 West 111th Street Chicago, IL 60655	J	DATE INCURRED: CONSIDERATION: Fees REMARKS:				\$5,000.00
ACCT #: xxx0286 MiraMed Revenue Group 991 Oak Creek Dr Lombard, IL 60148-6408	J	DATE INCURRED: CONSIDERATION: Collecting for -Silver Cross Hospital REMARKS:				Notice Only
ACCT #: x1001 Nationwide Credit 3435 N. Cicero Chicago, IL 60641	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$6,591.00
Sheet no. <u>11</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$24,904.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx1013 Nordstrom FSB PO BOX 6565 Englewood, CO 80155-6566	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: Old Navy/GEMB GE MONEY BANK Attn Bankruptcy Department PO BOX 103104 Roswell, GA 30076	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$100.00
ACCT #: x4547 Palos Internists, S.C. 4647 W. 103rd Street, Suite 2L Oak Lawn, IL 60453-4793	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$465.00
ACCT #: x0735 Parkview Orthopaedic Group 7600 West College Drive Palos Heights, IL 60463	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$280.00
ACCT #: xxxx-xxxx-xxx3704 Pathology and Laboratory Consultants SC 520 E. 22nd St. Lombard, IL 60148-6110	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$50.00
ACCT #: 7393 Phillips & Cohen Associates, Ltd Mail Stop: 2908 1002 Justison Street Wilmington, DE 19801-5148	J	DATE INCURRED: CONSIDERATION: Collecting for - Equable Ascent Financial LLC REMARKS:				\$6,048.00
Sheet no. <u>12</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$6,943.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx-xxx1-733 Portfolio Recovery Associates Riverside Commerce Center 120 Corporate Blvd. Ste. 100 Norfolk, VA 23502-4962	J	DATE INCURRED: CONSIDERATION: Collecting for - GE Money Bank REMARKS:				\$93.00
ACCT #: x2487 Portfolio Recovery Associates Riverside Commerce Center 140 Corporate Blvd. Norfolk, VA 23502	J	DATE INCURRED: CONSIDERATION: Collecting for - World Financial Network Bank REMARKS:				\$515.00
ACCT #: Premier Bank 1210 Central Ave Wilmette, IL 60091	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$1,500,000.00
ACCT #: Sandric Law Firm 1581 Huntington Road Calumet City, IL 6409	J	DATE INCURRED: CONSIDERATION: Attorney Fees REMARKS:				\$5,000.00
ACCT #: Schmidt & Salzman & Moran 111 West Washington Street Chicago, IL 60602	J	DATE INCURRED: CONSIDERATION: Attorney Fees REMARKS:				\$60,000.00
ACCT #: SEARS/CBNA PO BOX 6282 SIOUX FALLS, SD 57117-6282	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$492.00
Sheet no. <u>13</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$1,566,100.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx9755 Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$1,039.92
ACCT #: xxxxxx5532 Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$578.22
ACCT #: xxxxxx3753 Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$13,386.27
ACCT #: xxxxxx4731 Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$2,110.29
ACCT #: xxxxxx2825 Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$800.82
ACCT #: xxxxxx9707 Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$1,530.00
Subtotal >						\$19,445.52
<p>Sheet no. <u>14</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p> <p style="text-align: right;">Total ></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx6821 Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$1,704.00
ACCT #: xxxxxx8541 Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$1,547.00
ACCT #: Suleiman Mohmmad 8941 South Sproat Oak Lawn, IL 60453	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$125,000.00
ACCT #: Sun Trust Bank PO BOX 85041 Richmond, VA 23285	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$1,250,000.00
ACCT #: SYNCB/Banana Republic PO BOX 965005 ORLANDO, FL 32896-5005	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: xxxx-xxxx1733 SYNCB/JC PENNEY PO BOX 965007 ORLANDO, FL 32896-5007	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$92.00
Sheet no. 15 of 17 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$1,378,343.00
<p style="text-align: right;">Total ></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan MizyedCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxx2232 SYNCB/SAMS PO BOX 965005 ORLANDO, FL 32896-5005	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: Texor Petrol 3340 South Harlem Riverside, IL 60546	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$150,000.00
ACCT #: TGS Petrol 2155 West 80th Street Chicago, IL 60620	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$400,000.00
ACCT #: Tracy, Johnson & Wilson 2801 Blackroad 2nd Floor Joliet, IL 60435	J	DATE INCURRED: CONSIDERATION: Attorney Fees REMARKS:				\$2,000.00
ACCT #: 0169 United Recovery System PO Box 722929 Houston, TX 77272-2929	J	DATE INCURRED: CONSIDERATION: Collecting for - Department Store National Bar REMARKS:				\$2,924.00
ACCT #: United Trust Bank 12330 Harlem Ave Palos Heights, IL 60463	J	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$125,000.00
Sheet no. <u>16</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$679,924.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: x4282 US Bank PO Box 108 Saint Louis, MO 63166	J	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$22,095.00
ACCT #: Vision Financial Service 1900 W. Severs Rd. La Porte, IN 46350	J	DATE INCURRED: CONSIDERATION: Collecting for - Silver Cross Hospital REMARKS:				\$578.00
Sheet no. <u>17</u> of <u>17</u> continuation sheets attached to						Subtotal >
Schedule of Creditors Holding Unsecured Nonpriority Claims						\$22,673.00
						Total >
						\$6,358,799.66

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1	Hasan	Z	Said
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Asmhan		Mizyed
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	Manager	Unemployed
Employer's name	Ridgeland Citgo, Inc.	
Employer's address	12100 S. Ridgeland Ave.	
	Number Street	Number Street
	Palos Heights	IL 60463
	City State Zip Code	City State Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (Include all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$3,250.00	\$0.00
3. Estimate and list monthly overtime pay.	+ \$0.00	\$0.00
4. Calculate gross income (Add line 2 + line 3.)	\$3,250.00	\$0.00

Debtor 1 **Hasan** **Z** **Said** Document Page 38 of 61 Case number (if known) _____
 First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$3,250.00	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$831.43	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h.+ \$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$831.43	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$2,418.57	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a Attach a statement for each property and business showing gross receipts, ordinary and necessary business	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a Include alimony, spousal support, child support, maintenance,	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance) Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h.+ \$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$2,418.57	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Specify: _____		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.		\$2,418.57
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	None.	

Fill in this information to identify your case:

Debtor 1	Hasan	Z	Said
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	Asmhan		Mizyed
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses**12/13**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case

to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4. **\$1,350.00**

4a. _____

4b. _____

4c. _____

4d. _____

Debtor 1 **Hasan**
First Name**Z**
Middle Name**Said**
Last Name

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence , as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$180.00</u>
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$215.00</u>
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	<u>\$380.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$20.00</u>
10. Personal care products and services	10.	<u>\$20.00</u>
11. Medical and dental expenses	11.	_____
12. Transportation Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$100.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$150.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Hasan**
First Name**Z**
Middle Name**Said**
Last Name

Case number (if known) _____

21. Other. Specify: _____ 21. + _____

22. **Your monthly expenses** Add lines 4 through 21.
The result is your monthly expenses.22. \$2,415.0023. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$2,418.57

23b. Copy your monthly expenses from line 22 above.

23b. - \$2,415.0023c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.23c. \$3.5724. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage

☒ No.☐ Yes.

Explain here:

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**In re **Hasan Z Said**
Asmhan Mizyed

Case No.

Chapter **7****SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER			
A - Real Property	Yes	1	\$0.00	<table><tr><td>\$0.00</td></tr><tr><td>\$567,000.00</td></tr><tr><td>\$6,358,799.66</td></tr></table>	\$0.00	\$567,000.00	\$6,358,799.66	
\$0.00								
\$567,000.00								
\$6,358,799.66								
B - Personal Property	Yes	4	\$6,072.00					
C - Property Claimed as Exempt	Yes	1						
D - Creditors Holding Secured Claims	Yes	1						
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2						
F - Creditors Holding Unsecured Nonpriority Claims	Yes	18						
G - Executory Contracts and Unexpired Leases	Yes	1						
H - Codebtors	Yes	1						
I - Current Income of Individual Debtor(s)	Yes	2						
J - Current Expenditures of Individual Debtor(s)	Yes	3						
TOTAL		34	\$6,072.00	\$6,925,799.66				

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re **Hasan Z Said**
Asmhan Mizyed

Case No.

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$567,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$567,000.00

State the following:

Average Income (from Schedule I, Line 12)	\$2,418.57
Average Expenses (from Schedule J, Line 22)	\$2,415.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$1,815.98

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$567,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$6,358,799.66
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$6,358,799.66

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **36** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **11/23/2015**

Signature **/s/ Hasan Z Said**
Hasan Z Said

Date **11/23/2015**

Signature **/s/ Asmhan Mizyed**
Asmhan Mizyed

[If joint case, both spouses must sign.]

Document Page 45 of 61
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income.

AMOUNT	SOURCE
\$18,160.00	Year to date apx. income
\$46,580.00	2013
\$28,500.00	2014

2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

☒

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account

None

☒

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency.

None

☒

c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Citibank South Dakota v. Asmhan I Mizyed	Contract	Circuit Court of Cook County	Judgment
# 10 M1 163466			

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 1

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property

7. Gifts

None



List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100

8. Losses

None



List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both

9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Schottler & Associates 7222 W. Cermak Suite 701 North Riverside, IL 60546	06/07/2013	\$1,200.00

10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter

Document Page 47 of 61
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

None b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or



11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations,



12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or



13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether



14. Property held for another person

None List all property owned by another person that the debtor holds or controls.



15. Prior address of debtor

None If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address



16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the



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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be
☒ liable or
 potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous
☒ Material.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to
☒ which the debtor is

18. Nature, location and name of business

None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX

**NAME, ADDRESS, AND LAST FOUR DIGITS OF
 SOCIAL-SECURITY OR OTHER INDIVIDUAL
 TAXPAYER-I.D. NO. (ITIN) / COMPLETE EIN**

NATURE OF BUSINESS

**BEGINNING AND ENDING
 DATES**

**Advance One Development, LLC
 20-5697423**

9/19/06 - 03/11/2011

**Willow Springs Management, Inc.
 20-4685253**

04/24/2006-09/10/2010

**Orland Commercial Plaza, Inc.
 20-5697423**

09/20/2005-02/11/2011

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 4

Briggs Town Center, Inc. 20-3211436	06/30/2005-05/12/2008
SJM Real Estate, Inc. 20-1682254	10/12/2004-03/14/2014
Crete Petrol, Inc. 20-4957103	06/08/2006-11/13/2009
K & A Harlem Gas, Inc. 20-3808490	10/01/2004-03/12/2010
High Splash, Inc. 85-0484864	12/11/2002-present
5 Point, Inc. 36-4220731	08/13/1997-01/13/2012
Hana Development, Inc. 20-1968464	12/02/2004-05/14/2010
SJM Oil, Inc. 20-1682303	10/13/2004-03/11/2011

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. §

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the

NAME AND ADDRESS

DATES SERVICES RENDERED

Abdo Halawa
Halawa & Associates
7000 West 111th Street, Ste. 102
Worth, IL 60482

None



b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the

Document Page 50 of 61
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 5

None



d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by

20. Inventories

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the

None



b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or

22. Former partners, officers, directors and shareholders

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the

None



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately

23. Withdrawals from a partnership or distributions by a corporation

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the

24. Tax Consolidation Group

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of

25. Pension Funds

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer,

Document Page 51 of 61
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Hasan Z Said**
Asmhan Mizyed

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 6

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **11/23/2015** _____

Signature **/s/ Hasan Z Said** _____
of Debtor **Hasan Z Said**

Date **11/23/2015** _____

Signature **/s/ Asmhan Mizyed** _____
of Joint Debtor **Asmhan Mizyed**
(if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE: Hasan Z Said
Asmhan Mizyed

CASE NO

CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: None	Describe Property Securing Debt:
<p>Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):</p> <p>Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input type="checkbox"/> NO <input type="checkbox"/>

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: Hasan Z Said
Asmhan Mizyed

CASE NO

CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 1

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 11/23/2015

Signature /s/ Hasan Z Said
Hasan Z Said

Date 11/23/2015

Signature /s/ Asmhan Mizyed
Asmhan Mizyed

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re **Hasan Z Said**
Asmhan Mizyed

Case No. _____

Chapter 7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

<u>Hasan Z Said</u> <u>Asmhan Mizyed</u> Printed Name(s) of Debtor(s) Case No. (if known) _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 75%;"><u>/s/ Hasan Z Said</u></td> <td style="width: 20%; text-align: center;"><u>11/23/2015</u></td> </tr> <tr> <td></td> <td>Signature of Debtor</td> <td>Date</td> </tr> <tr> <td style="text-align: center;">X</td> <td><u>/s/ Asmhan Mizyed</u></td> <td style="text-align: center;"><u>11/23/2015</u></td> </tr> <tr> <td></td> <td>Signature of Joint Debtor (if any)</td> <td>Date</td> </tr> </table>	X	<u>/s/ Hasan Z Said</u>	<u>11/23/2015</u>		Signature of Debtor	Date	X	<u>/s/ Asmhan Mizyed</u>	<u>11/23/2015</u>		Signature of Joint Debtor (if any)	Date
X	<u>/s/ Hasan Z Said</u>	<u>11/23/2015</u>											
	Signature of Debtor	Date											
X	<u>/s/ Asmhan Mizyed</u>	<u>11/23/2015</u>											
	Signature of Joint Debtor (if any)	Date											

Certificate of Compliance with § 342(b) of the Bankruptcy Code

I, **Mark R. Schottler**, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ Mark R. Schottler

Mark R. Schottler, Attorney for Debtor(s)

Bar No.: 6238871

Schottler & Associates

7222 W. Cermak

Suite 701

North Riverside, IL 60546

Phone: (708) 442-5599

Fax: (312) 284-4575

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE: **Hasan Z Said**
Asmhan Mizyed

CASE NO

CHAPTER 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	\$1,200.00
Prior to the filing of this statement I have received:	\$1,200.00
Balance Due:	\$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/23/2015

Date

/s/ Mark R. Schottler

Mark R. Schottler

Schottler & Associates

7222 W. Cermak

Suite 701

North Riverside, IL 60546

Phone: (708) 442-5599 / Fax: (312) 284-4575

Bar No. 6238871

/s/ Hasan Z Said
Hasan Z Said

/s/ Asmhan Mizyed
Asmhan Mizyed

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**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Hasan Z Said**
Asmhan Mizyed

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/23/2015

Signature **/s/ Hasan Z Said**
Hasan Z Said

Date 11/23/2015

Signature **/s/ Asmhan Mizyed**
Asmhan Mizyed

Fill in this information to identify your case:

Debtor 1 **Hasan** **Z** **Said**
First Name Middle Name Last Name

Debtor 2 **Asmhan** **Mizyed**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number _____
 (if known)

Check one box only as directed in this form and in Form 22A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under
- ☐ 3. The Means Test does not apply now because of qualified military service but it could
- ☐ Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$1,815.98	\$0.00
3. Alimony and maintenance payments Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from	\$0.00	\$0.00

Debtor 1 **Hasan** **Z** **Said** Case number (if known) _____
 First Name Middle Name Last Name

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farmGross receipts (before all deductions) \$0.00Ordinary and necessary operating expenses — \$0.00Net monthly income from a business, profession, or farm \$0.00Copy
here →\$0.00\$0.00**6. Net income from rental and other real property**Gross receipts (before all deductions) \$0.00Ordinary and necessary operating expenses — \$0.00Net monthly income from rental or other real property \$0.00Copy
here →\$0.00\$0.00**7. Interest, dividends, and royalties**\$0.00\$0.00**8. Unemployment compensation**\$0.00\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... \$0.00For your spouse..... \$0.00**9. Pension or retirement income** Do not include any amount received that was a benefit under the Social Security Act.\$0.00\$0.00**10. Income from all other sources not listed above** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity,

10a. _____

10b. _____

10c. Total amounts from separate pages, if any.

+

+

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$1,815.98

+

\$0.00

=

\$1,815.98Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11..... **Copy line 11 here →** 12a.\$1,815.98

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b.

\$21,791.76

Debtor 1 **Hasan** **Z** **Said** Case number (if known) _____
First Name Middle Name Last Name

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Illinois

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household..... 13.

\$63,820.00

To find a list of applicable median income amounts, go online using the link specified in the separate

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check **There is no presumption of abuse.**
Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check **The presumption of abuse is determined by Form 22A-2.**
Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Hasan Z Said
Hasan Z Said

X /s/ Asmhan Mizyed
Asmhan Mizyed

Date 11/23/2015
MM / DD / YYYY

Date 11/23/2015
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.